MAXIMUS Federal Services

Case Number:	CM15-0015831		
Date Assigned:	02/04/2015	Date of Injury:	02/20/2006
Decision Date:	12/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old male sustained an industrial injury on 2-20-06. Documentation indicated that the injured worker was receiving treatment for chronic pain with lumbar radiculopathy, failed back surgery syndrome, left hip osteoarthritis and depression. Previous treatment included chiropractic therapy, massage, transcutaneous electrical nerve stimulator unit and medications. In a follow-up note dated 9-21-15, the injured worker complained of worsening low back pain with radiation to bilateral lower extremities, rated 5 to 9 out of 10 on the visual analog scale. The injured worker had completed massage therapy and chiropractic therapy without relief. The injured worker reported that current medications provided temporary relief. Physical exam was remarkable for lumbar spine with tenderness to palpation at L4-5 midline incisional scar as well as diffuse tenderness to palpation over the lower lumbar spine with spasms, pain upon extension at 5 degrees, positive bilateral straight leg raise, "diffuse" weakness in bilateral lower extremities, "decreased" sensation to pinwheel at right L3 and left L3-S1 distributions and decreased but equal deep tendon reflexes in bilateral upper and lower extremities. The treatment plan included renewing Norco, continuing Oxycontine, continuing home exercise, moist heat and stretches and requesting authorization for a caudal epidural steroid injection. On 1-21-15, Utilization Review noncertified a request for a caudal epidural steroid injection under anesthesia with x-ray fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Caudal epidural injection under anesthesia with x-ray fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.